



OFFICE TERMS & POLICIES

APPOINTMENT RESERVATION POLICIES:

Initial consultation appointments should be made at least 14 days in advance, to allow plenty of time to complete the in-depth medical and lifestyle questionnaires. The initial medical questionnaires must be completed at least 7 days before the appointment. If the initial medical questionnaires are not completed by 7 days before an appointment, the appointment will be rescheduled and cancellation fees will be applied.

Follow-up appointments should be made at least 7 days in advance.

Emails with questions requiring more than a yes or no response require an appointment.

LATE POLICY:

To respect your time and to provide the best possible care, we do our best to start every appointment on time. In turn, we expect our patients to be prepared several minutes prior to the start of their scheduled appointment time. If you are more than 15 minutes late, the appointment may need to be rescheduled. "No-show" fees will be applied.

CANCELLATION POLICY:

A minimum of 7 days notice is required for all appointment cancellations. If cancellation takes place within this time window, 50% of payment will be due (non-refundable)

For "no-shows" or cancellations within 48 hours of appointment time, 100% of payment will be due (non-refundable).

Accommodations are made for emergency situations.

PATIENT PORTAL:

All patients are expected to set up the patient portal as it allows for easy, HIPAA-compliant communication regarding lab results and treatment plans.

HBOT - OXYGEN HOODS:

To maximize the benefits of hyperbaric oxygen, we utilize 100% oxygen administered through an oxygen hood, which needs to be purchased prior to the first session and

brought to all subsequent sessions. In rare cases when the patient cannot tolerate the oxygen hood, a face mask can be used; however, this reduces the amount of oxygen absorbed. No returns accepted. If the hood is forgotten, patient must either purchase a new hood or reschedule appointment with associated cancellation fees and 100% of payment will be retained (non-refundable).

MEDICAL RECORDS:

You are responsible for obtaining your previous medical records from your other physicians and health care providers. We do not accept username and passwords to your patient portals with other practitioners and/or facilities. Please contact your physician or other health care providers to obtain these records. We ask that any records you provide be copies of your originals. Any hard copies we receive are scanned into digital format and will not be returned.

BILLING & PAYMENT POLICIES:

All payments for consultation appointments are due on day of service. Payments received greater than 48 hours after service will be subject to late fees.

All payments for hyperbaric oxygen therapy sessions, laboratory test kits, and supplements provided in-office, are due at the time of scheduling of said services.

No medical insurance is accepted. All services are self-pay. We are happy to provide an itemized bill on request, which can be submitted by the patient directly to their insurance provider for possible reimbursement. Note that many health insurance policies do not cover functional medicine or the necessary interventions and treatments, including but not limited to hyperbaric oxygen therapy. While we are happy to provide guidance, we will not contact your insurance company directly on your behalf.

Letters for school, work, accommodations can be furnished upon request and will be charged a fee. Request for consultation reports to other practitioners will be charged according to complexity and length.

There is no refund for services provided. Pricing subject to change.

PRESCRIPTION REFILLS:

Dr. Mostafavi will only refill prescriptions that have originated in this office. Please allow for 1 week to refill these medications. Of note, many of the medications we prescribe are made by compounding pharmacies, thus will require additional time for this process.

Patients will be notified in advance when the office will be closed for holidays, vacations, inclement weather.

Patients have to be seen on an annual basis to be considered active in order to get refills on medications.

SUPPLEMENTS/NUTRACEUTICALS/HERB

While we guarantee the quality of all supplements sold in our practice, we cannot guarantee that the use of herbs, nutraceuticals and/or supplements will result in improvement in your medical conditions. All recommendations are made in your best interest regarding your health and safety. All supplement sales are final.

SPECIALTY LABORATORY TESTING:

We routinely use specialty testing to support our evaluation and develop treatment plans. These are usually an out-of-pocket expense, although some insurance policies may provide coverage. It is your responsibility to contact your insurance regarding coverage. While we are happy to provide guidance, we will not contact your insurance company directly on your behalf.

EMERGENCIES & AFTER HOURS CARE:

Dr. Mostafavi is not available on a 24-hour basis and is not meant to replace the role of a primary care doctor with whom you can consult in the event of an emergency or urgent problem. If you have a serious health problem that requires immediate attention, you should call 911, or have someone take you to the nearest hospital emergency room.

If you notice an adverse effect from one of the components of your health plan, you should discontinue it immediately and contact Dr. Mostafavi via email or phone.

Please note that Dr. Mostafavi does not complete disability or workers' compensation forms for patients.

CONFIDENTIALITY:

Information obtained for your medical care is confidential. This protected health information (PHI) will not be disclosed to others unless you direct us to do so in writing. Exceptions to this confidentiality include disclosure of the intent to harm yourself or others, or subpoena from specific government agencies (as outlined in the HIPAA Privacy Rule).

Anonymous medical history, laboratory data, and photos (other than the face) may be used for educational purposes in lectures, blogs, case reports and other publications. No information that could be used to identify you as the source will be published.

You may choose to opt out of the use of your medical information in this way by initialing here _____.

Office terms & policies subject to change.

Please email us at drmo@drmostafaviwellness.com for any questions regarding this policy.

I agree to all terms and conditions of these General Office Policies.

FULL NAME

DATE

SIGNATURE